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THE HEALTH OF THE SOVIET CITIZEN

by Dr. Mihaly Nemessuri

Source: A Szovjet Ember Egeszsege

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RESTRICTED**SECURITY INFORMATION
THE HEALTH OF THE SOVIET CITIZEN**

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Medical Personnel

Doctors: Under the Five Year Plan, by 1950 there will be 240,000 active doctors in the USSR; and the total number of medical workers: doctors, nurses, midwives, etc, two million. The number of physician districts (körzet) will be increased from 15,000 to 16,385. These include such equipment as hospitals, pharmaceutical supplies, and patient transportation: ambulances, and in many places, airplanes. The number of district physicians will be increased from 9,410 to 15,485, or one district doctor per 4,000 population. In cities, there will be 15 doctors with ambulances, per 10,000 inhabitants.

In 1941 there were 141,600 doctors in the USSR; 1940, 130,400; 1938 - 112,400; 1937 - 105,600; 1932 - 76,000; 1928 - 62,200; compared to 19,800 doctors in 1913 prerevolutionary Russia, or one doctor per 7,500 population. In practice, one doctor is needed per 1,000 - 1,500, depending on the dispersion of the population.

In 1941, there were 35,000 doctors in city hospitals; nearly double all prerevolutionary Russia. Of the doctors, 5,000 are professors, university docents (magán tanár), professor's assistants (tanár segéd), or consultant physicians (főorvos).

In 1941, the number of rural doctors was 19,500; 1938 - 14,827; 1928 - 10,940; and 1913 - 4,975. Before the revolution, the republics were particularly neglected with respect to rural medicine. In 1913 in Tadzhikistan, there were only four rural doctors, Turkestan 11, Armenia 12, etc. This gave an average of one doctor per 24,500: one doctor per 48,700 in the Kazan area, 56,900 in the Penza area, and one per 98,200 in Central Asia. The increase in doctors in these areas is outstanding: Turkestan 1913 - 1940, the number of doctors increased ten times, and in Georgia, 28 times. Prior to the revolution, 90 percent of the doctors were in Russia proper, and in the Ukraine. In Azerbaidzhan in 1913, there were 291 doctors; in 1940 there were 3,020. In prerevolutionary Armenia there were 57 doctors; today there

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are 915. Uzbek doctors increased 23 times, Kirgiz 35 times, and Tadzhikistan 45 times. No foreign doctors remain in the republics, having been removed by order. Rural personnel are encouraged to study medicine, and to return to the country to practice. USSR rural health provisions, centering on the doctor, are better than in Hungary.

Women Doctors: In 1940, there were 77,900 women doctors; 60 percent of the total for USSR. Before the revolution, 13 percent of the doctors were women, numbering 2,569. At the end of 1939, there were 72,600 women doctors. More than 600 women were appointed medical consultants (*fóorvos*), university docents, or presented successful dissertations, ^{in 1940.} ~~One-third of the scientific research workers, or 33,000, are women.~~ The majority of the total number of medical workers are women; they number 1,200,000.

Specialists: Medical specialists are trained at clinics and large hospitals. Specialist candidates are resident doctors. By the end of the Five Year Plan, there will be one obstetrician-gynecologist per 10,000 population, and one pediatrician per 600 - 700 children.

In the USSR, there are 18,000 pediatricians, nearly as many as the number of doctors of medicine in 1913, (19,785). In 1941, there were 9,700 obstetrician-gynecologists ^(rural), 2,261 epidemiologists, 3,401 bacteriologists, 1,187 malariologists, and approximately 4,000 phthisiologists. Assisting the specialists were a total of 30,000 trained medical personnel.

The largest portion of specialists in resident training in 1941 were in internal medicine (physicians), and were called therapists: they numbered 34,100. Other groups of specialists in training were in pediatrics, 16,600; surgery 10,500; obstetrics-gynecology 8,700; dentistry 4,700; dermatology-venereology 3,900; public health 3,900; bacteriology 3,200; otology 3,000; tuberculosis 3,100; neurology 2,600; roentgenology 2,200, psychiatry 2,100; rino-pharyngo-laryngology 2,100;

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epidemiology 2,100; malariology 1,100; forensic medicine 600; and athletics 300.

Of the above categories, public health, epidemiology, and malariology have not yet been introduced as medical specialties in Hungary.

With the increase of specialists under the Five Year Plan, an inhabitant may, on an average, in 1950, seek specialist consultation 12 times per year.

Education: In 1941, 115,000 students attended 72 medical schools, compared to 8,600 students in 13 medical institutes before the revolution. An increasing number of medical students are from peasant and industrial backgrounds. Annual expense of a doctors education, is 4,000 rubles. In the 1941 budget, approximately one billion rubles were appropriated for training doctors and medical personnel.

According to 1940 statistics, ~~the~~ republic medical faculties had the following enrollment: Azerbaijan 1,583; Georgia 2,864; Armenia 2,483; Tartary 1,415; Udmur 209; Uzbekistan 713; Turkmen 63; Tadzhikistan 58; Bashkir 80; ^{Chuvash} ~~(Chechen)~~ 152; Kirgiz 34, etc.

Since 1940, doctor training has been increasing rapidly. A doctor's education has been increased to six years instead of five, and there are many more examinations required. Nevertheless, the number of applicants usually is greater than the number of places available.

In medical education, teaching of public health courses is emphasized. Specialization has been increased, especially in internal medicine, gynecology, and infectious diseases. The duration of specialist's training has been set at four years; three and one-half years for dentists. The number of "aspirants" who supplement the university teaching staff was 3,000 in 1940; 300 in 1925.

The Soviet medical diploma does not include a doctor of medicine degree. The doctor of medicine degree is awarded for a doctorate dissertation consisting of original work. The first dissertation is rewarded with a candidate degree, and the second, an original work, is necessary for the doctorate degree. Preparation of the latter

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usually takes years. Some Soviet doctors and professors have not attained the doctor of medicine degree. In 1940, 239 doctors were awarded doctorates for work in university clinics, or other scientific institutions.

A Soviet doctor enters the army with the rank of first lieutenant, a university doctor enters as a major, and a professor as a colonel.

Members of the medical academy receive the rank of general.

Nurses: Today there are 100,000 certified nurses in the USSR [same figure is listed for 1941]. Before the revolution there were 10,000 certified nurses. In 1939, 25,000 nurses underwent specialized courses.

Midwives: In 1941, there were 31,211 medical assistants (fel'dsher) (under section on maternal and infant welfare) and certified midwives in rural areas. (Another statement lists 14,000 midwives in rural areas in 1941) In 1913, there were 4,455 midwives, or one midwife per 10,000 population and 6,000 ^{squares} ~~versts~~. (Another statement lists a total of 50,000 midwives before the revolution, 37,800 of these were midwives, and 10,000 certified nurses.)

Other: Today, the total number of medical personnel is 1,200,000. Medical personnel training lasts 2 - 4 years. In 1941, there were 46,606 day-school health guardians, and 5,054 women health guardians in schools.

Medical Institutions

Hospitals: In 1940, there were 2,028 hospitals in operation in rural areas: of those, 563 were children's hospitals, obstetric (lying-in) homes, and lung treatment centers. In 1907 there were 1,054 hospitals, with 12,262 beds. Of 33 cities with over 100,000 population, 28 had hospitals, and of 54 cities with 50,000 - 100,000 population, 28 had hospitals.

Of patients arriving at a hospital by ambulance, 16.4 percent are hospitalized: duration of hospitalization, 20.5 days.

Under the Five Year Plan, the number of pediatric clinics is to be increased from 5,090 to 8,560; pediatric polyclinics are to be in-

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increased from 6,100 to 9,555.

Hospital Beds: At present, there are approximately 800,000 hospital beds in the USSR. By 1950, this will be increased to 985,000. The number of city hospital beds will be increased from 548,000 at present, to 641,700 in 1950, giving an average of 1.7 city hospital beds per 1,000 inhabitants. The number of rural hospital beds is to be increased from 193,000 to 301,700. In 1944, there were 8.5 hospital beds per 1,000 urban, and 1.85 beds per 1,000 rural populations, excluding psychiatric, and temporary contagious beds. The number of hospital beds in 1941 was 491,543; 1938 - 450,694; 1932 - 256,158; 1928 - 158,514; and 1913 - 93,223, or approximately 60 beds per 100,000 population; one-fourth of what was available in Hungary. In prerevolution 1907, there were 12,262 hospital beds. In 1940, the number of hospital beds was three and one-half times greater than in 1913.

In 1941, there were 83,000 beds in children's hospitals; of these, 30,963 beds were for contagious children's diseases, and 4,365 tuberculosis beds. The number of beds in new children's sanatoria will reach 50,000 by 1950.

Today, there are 16,201 hospital beds for bone and joint tuberculosis. By 1950, the number of hospital tuberculosis beds will be increased to 76,200. There were 61,115 tuberculosis beds in 1941, including 35,815 children's beds, and 16,201 of the latter were for bone and joint tuberculosis; in 1927 there were 13,236 tuberculosis beds, including 1,628 in children's divisions; in 1917 there were none, and prerevolution, there were 308.

Annual expenditure per city hospital bed is 5,528 rubles, per rural hospital bed 4,341 rubles, and per clinical bed, 10,980 rubles.

Public health in the USSR is not urbanized so much as in Western Europe, and especially in Hungary, where nearly half of the hospital beds are in Budapest.

There has been a great increase in hospital beds in the republics: in 25 years, the number of hospital beds increased 75 times in Tadzhikistan,

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30 times in Kirgiz, 23 times in Turkmén, etc. Compared with prerevolution, hospital beds in Kirgiz increased 64 times, Uzbekistan 34 times, Azerbidzhan 24 times, and Georgiz 20 times. The increase in hospital beds for the entire Soviet Union was three and one-half times.

The district (kerúlet) hospital has 25-30 beds, with internal medicine, surgical, obstetric-gynecological, and contagious divisions. In addition to the above, there are pediatric, dental, lung, dermatological and venereological ^{clinics} ~~wards~~ (rendelb). Every district has a separate hospital for epidemics.

Laboratories: X-ray laboratories and physiotherapy are now included in all modern hospitals, and in many older ones. For supplementation of the work of the hospitals, 3,497 clinical laboratories, 4,331 physiotherapy rooms, and 4,088 X-ray laboratories are planned under the Five Year Plan. In 1941, there were 1,406 bacteriological laboratories. During the past three years, 3,776 clinical diagnostic laboratories were set up for rural doctors. There is a bacteriological laboratory for each community with more than 20,000 inhabitants. These laboratories do bacteriological analysis, and aid in epidemic prevention. Major cities have separate public health laboratories for examining drinking water, food, etc.

There are Pasteur institutes for rabies prevention in all parts of the country. Before the revolution, there were 16 such institutes; in 1939 there were 60.

Other: In addition to hospitals and various clinics, in 1941 there were 1,760 epidemiological stations, 2,288 disinfection institutions (intézet), and 1,086 malaria research stations. Tuberculosis treatment and control stations in 1941 numbered 1,048; 1939 - 925; and 1929 - 498. Also, tuberculosis interviewing offices (rendelb) are maintained at 371 ²polyclinic divisions, and out-patient clinics. By 1950, 200 new medical interviewing offices will be built. The number of public baths, sanatoria and resorts will be increased, especially in healthy climates, such as the Crimea. By 1950 there will be 200,000 resort, and 250,000 sanatorium and ^{public} bath places for workers.

In one year [1940 ?], 4,436,782 automobile ambulance trips were

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made, and medical aid rendered. Air ambulances perform an invaluable service for sparsely settled areas. In 1941, air ambulances made 23,588 flights, totalling 92,951 air hours, and tended 87,058 patients. An air ambulance accommodates one or more doctors and trained medical personnel, plus medicines and occasional medical equipment for emergency surgery or childbirth.

In rural areas, as in cities, antiepidemic stations and mobile control stations (megó járór) are set up. The majority of such rural stations today have their own disinfection machines. Every year, these stations are visited by mobile health, and antiepidemic stations.

At present, there are more rural apothecaries than urban: 1940 - 2,981 rural, and 2,175 urban: 1940 [1950 ?; check year] - 4,140 rural, and 2,660 urban.

During the past three years, 5,000 libraries for doctors, and 4,000 libraries for midwives have been set up for rural medical personnel by the Health Ministry.

Lying-in Homes: During 1936 - 1941, 200 new lying-in homes (szülóotthon) were built, with 17,077 beds. Under the Five Year Plan, obstetric-gynecological control stations are to be increased from 2,825 to a new level of 8,190.

Labor unions have provided separate rest homes for expectant mothers. In 1940, 40,000 expectant and nursing mothers were accommodated in these institutions, and 830,000 woman workers spent their annual vacations in various sanatoria and rest homes, at the expense of the health insurance treasury.

The 1941 budget allocated 370 million rubles for the construction and maintenance of lying-in homes.

Beds of Lying-in Homes: In 1941, in the USSR, there were 75,612 urban, and 66,261 rural beds of lying-in homes (szülóágy); prerevolution, 5,191 urban, and 1,632 rural lying-in home beds. In 1940, 59 percent of births in rural areas occurred in such homes, under supervised conditions.

Under the Five Year Plan, beds of lying-homes are to be increased from 53,700 to 70,500, or 11.5 beds per 10,000 population. Before the

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revolution, there were 4.5 beds per 100,000 population; in the USSR, there are 51 rural, and 124 urban beds of lying-in homes per 100,000.

Nurseries, Day-Schools, etc: Under the Five Year Plan, 640 day-schools will be rebuilt as children's sanatoria for tuberculosis, rickets, malformations, and advanced enteritis cases. By 1950, the capacity of day-schools is to be increased from 534,300 to 698,900. Rural day-schools will be increased from 361,500 to a new level of 495,100. Every district (Ráizet) has its own day-school home. Children with mild cases of tuberculosis are sent to specially constructed resort schools.

Annual expenditure per city nursery bed: 1,829 rubles.

Medical Campaigns and Statistics

Vital Statistics: A primary objective of the Five Year Plan is the rebuilding and expansion of the maternal and infant welfare system. Natural increase in the USSR in 1926 was 23 per thousand; 1923 - 19.5; and 1913 - 16.5. In Hungary, 1926, the natural increase was 6.6 per thousand, Rumania 12, Poland 14, Great Britain 4.3, and France 1.6.

In 1926, the natural increase in Moscow was 6.7 per thousand less than the national average.

In 1939 in districts and large cities, there was 0.12 - 0.20 percent maternal death in childbirth; 1913 - 0.4 percent. In 1939, there was two percent stillbirth: prerevolution - 4.58 percent. Infant mortality dropped from 4.02 percent to 2 - 2.5 percent.

Annual infant mortality during World War I was 23.7 percent; post-World War I, 23 percent, and in 1926, 18.7 percent. Infant mortality in Hungary in 1913 was 3.6 percent less, and in 1926, two percent less than in the USSR.

Mortality in USSR cities in 1934 was 17.94 per thousand, and rural, 21.94 per thousand. Moscow mortality, in 1926, was 13.69, compared to a national average of 21.25 per thousand. *(The national mortality in 1913 was 27.3 per thousand)* Infant mortality was 13.4 per thousand, or 5.3 percent less than the national average.

Average hospital mortality is 6 - 7 percent.

Statistics show that the number of marriages is increasing, and divorcees decreasing, from year to year. During the first ten months of

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1938, the number of marriages was 100,000 greater than in the preceding year.

Tuberculosis: Tuberculosis is the principal disease to be overcome. Under the Five Year Plan, tuberculosis treatment institutes will be built in all oblasts (mogyo) where ^{there} are none. These institutes will be equipped with X-ray divisions and laboratories, larynx divisions, bone-joint division, children's tuberculosis division, and bed ward (fekvobotog) division for difficult diagnoses.

In the antituberculosis campaign at the start of World War II, 217 rural dispensaries and control stations were operating under doctor specialists.

Armed forces inductees now have 1/10th to 1/20th the prerevolutionary rate of 5 - 10 percent tuberculosis, though examination now is more rigid.

In the civilian population, pulmonary tuberculosis has dropped 80 - 90 percent during the past 25 years.

On a national average, working time lost due to tuberculosis has been reduced to one-third, and tuberculosis deaths dropped to two and one-half of its level since the revolution. Thirty thousand Moscow workers have been examined for tuberculosis. Workers not requiring hospitalization get special diets, at a cost of 120 million rubles per annum. In the 1941 budget, 500 million rubles were appropriated for the antituberculosis campaign.

In 1934, tuberculosis caused 11 percent of the deaths in cities.

Since 1925, more than two million new-born have been inoculated with the Calmette-type tuberculosis protective inoculation which, according to some studies, reduces tuberculosis deaths twenty-five percent.

Infectious Diseases: In 1934, acute infectious diseases caused 12 percent of the deaths in cities, pneumonia 13 percent, ~~malignant tumors five percent~~, and heart and circulatory diseases seven percent. In the same period in Hungary, acute infectious diseases caused 5.4 percent of the deaths. In 1941, 880 million rubles were appropriated for fighting epidemics.

Institutions for combatting contagious disease are well distributed throughout the country. They include 36 types: polyclinics, out-patient clinics (ambulatorium), pulmonary, and venereal diseases treatment points, anti-epidemic, malaria, and measles control stations, schools for mothers, trachoma examination stations, etc. A total of 13,461 such agencies deal

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with examination and treatment of ambulatory patients. In 1940, 343,881,000 patients were examined in city agencies, and the doctors of these organizations made 29,372,100 calls to bed-bound patients' homes on the basis of these examinations. A patient arranges for a bedside call through the local polyclinic. Polyclinic statistics show that such home visits last one half hour, on an average.

Under mass-vaccination, every child from 1 - 8 years is inoculated against diphtheria, and 30 - 40 percent of these are inoculated against typhus and dysentery. In the Five Year Plan, the number of epidemic focal stations will be increased from 1,803 to 2,624.

In 1940, 1,032 per 10,000 population of the Ukraine received subcutaneous inoculations. A total of 15 million received preventative subcutaneous inoculation against intestinal diseases. All members of the Armed Forces were inoculated: 1941 - 999 per 1,000; 1930 - 700.2; and 1919 - 306.6.

Production of vaccines (oltoaryag) is increasing 30 - 50 percent annually.

In 1939, 7,000 liters of purified, concentrated vaccine were produced; 1940 - 22,000 liters, and 1941 - 43,500 liters. In 1939, 33 million rubles were spent on producing protective vaccine for measles; 62,000 liters of vaccine were produced, enough for inoculating 805,000 children. In 1940, 1,241,000 children were vaccinated. As a result, nearly 100 percent incidence of measles dropped to 10 - 11 percent.

Production of dysentery (verhas) vaccine has been increased 53 fold over the course of nine years. In recent years, nearly 400 times as much dysentery bacteriophage has been produced, as in 1932. These vaccines have proven particularly effective. Large quantities of antityphus vaccine have been produced and used. Lack of this vaccine caused great losses due to typhus, among Axis forces.

Following the introduction of preventative vaccines, acute diphtheria in Sverdlovsk dropped from 30 percent of all disease cases in 1942, to 11.5 percent one year later. Subacute diphtheria decreased from 24 percent, to 19.8 percent. In one year diphtheria deaths dropped from 9 percent, to 4.2 percent.

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During World War I and in the postwar period, there were 25 million cases of typhus, and an equally large number of cases of intestinal typhus, malarial fever, and other infectious diseases, including tuberculosis. Russia mobilized approximately 14 million men during the World War I, of which three million were officially listed as lost. Considerably more were lost in the revolution and postwar epidemics. Since the revolution, the incidence of typhus has dropped to one-tenth of its former level.

The 1934 mortality of infants under two years of age was 15 percent; of this, 7.5 percent was due to enteritis. Concomitant with advancing medical facilities, mortality has been reduced: eruptive typhus dropped two and one-half times, and dysentery six times ^{less than} their former levels.

Scarlet fever has been reduced to one-fourth, diphtheria to one-fifth, and dysentery to one-half the 1913 level. The smallpox campaign eradicated smallpox. Now, there is one smallpox vaccination station per 25,000 population in cities, and one for each rural community doctor.

Influenza: In Moscow, 1940, studies were conducted on 20,000 cases of influenza. In 1941 the study extended to 100,000 cases in Moscow, Leningrad, Gorky, and many other places. The study resulted in improved ventilation in industry, and the "grippe-antivirus" produced by the Infectious Diseases Institute Imeni Mochnilov, Moscow.

Malaria: In 1940, malaria incidence had dropped to 32.6 percent of its 1936 level. In 1940, 27 million persons were examined for malaria; 1935 - 25 million; and in the period from 1930 - 1935 - 11 million.

In 1942, there were 33 malaria control stations, compared to 8 in 1931. By 1941, 11 malariology and parasitology institutes had been formed, including those in the Ukraine, Armenia, Uzbekistan, and Georgia. In 1941, there were more than 1,000 rural malaria control stations, operated by 508 malariologists and 3,516 other well trained medical personnel. In addition, many antimalaria units tour the country during spring and autumn agricultural work, to help rural doctors fight malaria. Kolkhozes also aid in controlling malaria-carrying mosquitoes. During 1940, malaria mobile

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control and treatment stations visited 3,119 villages, at a cost of 18 million rubles. During the summer of 1940, 13,020 "bonificators" and 28,517 "skinizators" from among the peasantry performed antimalaria work under the direction of specialists.

In 1937, 30 million rural population were examined for malaria. In recent years, rural malaria has been cut in half.

Venereal Disease: Tertiary syphilis today has dropped to one-third of its 1932 - 1935 level. In 26 cities with 11 million inhabitants, there were 25 cases of primary syphilis per 10,000 in 1913; 11 in 1926; and 2 in 1935. In 1934, malignant tumors caused five percent of the deaths in cities.

In Moscow, 1939, primary and secondary cases of venereal disease had dropped from 3.8 per 10,000 (1922 ?) to 1.3 in 1939; Leningrad, from 6.3 to 2.2; Irkutsk, from 2.14 to 0.91; Minsk, from 2.27 to 0.04. There was a similar drop in mild ulceration. The decrease in acute gonorrhea was less sharp. A survey of 69 cities showed infant and child syphilis dropped 50 percent during the course of a few years. The decrease in new cases showed the effectiveness of antivenereal propaganda. In 1939, 0.1 percent of cases were first infections, compared to one percent in 1935. Before the revolution, in cities, there were 180 syphilis cases per 100,000 inhabitants, 126 gonorrhea; rural areas, 54 syphilis and 14 gonorrhea. Tertiary syphilis today occurs with as little frequency in rural areas, as in the cities.

In 1941, there were 2,600 venereal disease treatment divisions, acting partly as hospital and polyclinic divisions, and partly as treatment institutions, both in cities and in rural areas. In 1914 there were 12 venereal disease stations (rendel's), and in 1924, 60 permanent, and 20 mobile stations. There are more venereal disease treatment agencies in the USSR today, than in Germany and Great Britain, together. Health Ministry groups for the treatment of venereal disease, under the direction of specialists, course through the countryside.

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Veneral infections are traced to the source, and the families of those infected are also given preventative treatment.

The antiveneral disease campaign in central Asia, conducted chiefly against syphilis, reduced incidence to one-tenth, in the period 1927 - 1940. From 1922 to 1940, more than 1,000 veneral disease treatment mobile stations travelled the far reaches of the USSR, including Kazakhstan, Bashkir, Eastern Caucasus, Buryat Mongolia, Dagestan, Turkmen, etc.

In the period from 1936 - 1940, gonorrhea in 18 major cities dropped by one-fourth. In Moscow, 1939, there were 29.8 cases of gonorrhea per 10,000 inhabitants; 1931 - 46.5; and 1913 - 126. In the post-revolutionary period, gonorrhea played an important role in children's diseases. In 1935, gonorrhea in children dropped to 76.6 percent of the postrevolutionary level; 1936 - 46.6 percent; 1937 - 28.8 percent; and gonorrhea in children in the 1940's is rare. In Rostov-on-the-Don, there were 42.4 cases of gonorrhea per 10,000 in 1939; 74.9 in 1931; and 282.5 in 1913.

Mental Disease: The number of beds in mental treatment institutions has increased from 36,240 in 1913, to 73,992 in 1941. Mental treatment includes psychiatric dispensary (diszpanzor) treatment of mental patients who have been cured, or have shown great improvement. The dispensary also serves as a diagnostic station.

Organization of Public Health: The need for individual initiative in health care is to be eliminated. Emphasis is on sickness prevention, rather than treatment. The campaign to improve the health of the masses includes a system of sickness reporting, which also includes female "caretakers" who visit the populace, and send patients who are ignorant of, or neglect their ills, to out-patient clinics, from ^twhere they may be sent to hospitals. Records are kept of all illnesses. Also, the local physician gets to know entire families, replacing the "family doctor." Chronic patients are sent to special treatment institutes, instead of hospitals. Some patients may remain at home, under the care of

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the "hospitalization" provision of base hospitals. These patients are visited by a doctor or nurse, and are given medicine, bandages, sheets, thermophores, food, etc. Public health education and propaganda is carried on through "Ready for Guarding Health" (GSZO) courses, and through health supervisors, elected by shops, unions, and kollektives.

Separate organizations direct the fight against tuberculosis, venereal disease, and infectious diseases. Maternal and pediatric care shows significant results. Millions of prophylactic medical examinations, and inoculations, are given yearly.

Autopsy is performed on all hospital fatalities. The patient's doctor, the coroner, and usually several other doctors are present at the autopsy. Cause of death, possible faulty diagnosis, and also the effect of therapy and drugs are observed.

The 1941 total medical budget was 12 billion rubles, contrasted with 147 million prerevolution. The 1941 budget provided 5 billion, 200 million rubles for institutions concerned with the treatment and prophylaxis of adults, and 2 billion, 120 million for children. Annual medical expenditure per capita in the USSR is 53 - 55 rubles; prerevolution, 65 kopeks. Medical scientific and research work received an appropriation of 370 million rubles. In the USSR, 80,000 persons engage exclusively in research (medical?). One third of scientific research workers, 33,000, are women.

Industrial Medicine: For protection of the workers, working hours have been set at 8 or 7 hours; for some dangerous occupations, or occupations which jeopardize the health of the workers, 6 hours or less, in addition to the installation of health and safety devices.

An industrial unit of 400 - 1,000 workers is served by a medical station called "zdravpunkt," with 1 - 3 doctors in attendance. Enterprises larger than this have independent out-patient clinics, with various specialist doctors, and include such services as internal medicine, surgery, tuberculosis, dermatology, ophthalmology, venereology, gynecology, and dentistry. Enterprises also have pediatric counselling service, nurseries,

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and kindergartens. Some Enterprises have their own hospitals. Industrial workers are given periodic physical examinations, as a prophylactic measure.

The Occupational Diseases Control Institute of Moscow does research on the origin, possible prophylaxis, and therapy of occupational diseases. The Institute has 155 hospital beds, supervises a dermatological division with 20 beds, and maintains a polyclinic for periodic examination of workers.

The decline of influenza among industrial workers is an example of the work of industrial medicine. One study encompassed 19 branches of heavy industry, and covered 15 years. During this time, there were 10 million cases, resulting in the loss of 52 million work days. Recommendations of the study were that working places should be less crowded, and ventilation should be improved.

The design of new industrial plants will include one 40-bed night-time sanatorium per 10,000 workers.

Workers receiving special diet formerly paid 50 - 75 percent of the cost of the food; they now pay only 30 - 45 percent. In 1950, the state will spend 137 million rubles on therapeutic diets.

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